

DEPARTMENT OF NATURAL RESOURCES

AGREEMENT FOR VOLUNTARY SERVICES

SECTION ONE

(TO BE COMPLETED BY VOLUNTEER)

NAME (Print or Type) _____

CONTACT ADDRESS _____
Street number

City State Zip Telephone

1. I have reviewed the description of work to be performed and amount of time required (see attached Work Description).
2. I agree that all of the work that I perform under this agreement will be noncompensable; except for pre-approved compensation for **actual** expenses.
3. I understand that either the Department or I may cancel this agreement at any time by notifying the other party.
4. I give my permission for free use of my name, voice and picture in any media coverage of my volunteer service.
5. I hereby declare, to the best of my knowledge, I am in good physical health. I also understand the activities I will be performing may be physically demanding (see attached Work Description).
6. I understand that, if I am injured or involved in an accident while providing volunteer services to the Department, Worker's Compensation Fund will only pay the actual and necessary medical expenses I incur in the treatment of an injury. Other expenses such as lost work time, equipment, clothing, etc., will not be covered by insurance.
7. I understand I may be subject to a criminal record check or other background investigation.

I hereby volunteer my services, as described in the Work Description, to assist the Department of Natural Resources in its authorized work.

Signature of Volunteer

Date

Approval Signature of Parent/guardian if under 18

Date

SECTION TWO

(To be completed by the Department of Natural Resources)

While this agreement is in effect, the Department of Natural Resources agrees to:

1. Accept you as a State volunteer and recognize your rights under UCA 63-34 (9) (10) (11) (12).
2. Authorize you to work as a volunteer according to the attached Work Description.
3. Reimburse your pre-approved actual volunteer related expenses; to the extent funds are available.
4. When applicable, authorize you to ride in, or operate a State motor vehicle. (A copy of valid Utah driver's license shall be attached to the Work Description form if the volunteer will be authorized to drive a vehicle while performing volunteer services.)

As the supervisor, I understand that should an injury occur to an individual while in a volunteer status, a "First Report of Injury" form must be completed and submitted to the Human Resource Office.

Hunter Education Coordinator

Supervisor Signature

Title

Date

5036

Print name and location of work site (Division/Office/Park/Facility)

Low Org

I grant authorization to utilize the services of the volunteer as noted in the work description.

DNR Executive (or designee) Signature

Date

For myself and as the authorized representative of the agency chief executive.

Director, Human Resources

Date

VOLUNTEER WORK DESCRIPTION

JOB TITLE: <u>Hunter Education Programs Instructor</u>	
WORK LOCATION: <u>Statewide</u>	
DESCRIPTION OF WORK TO BE COMPLETED (Describe duties and physical demands—use reverse side of form if necessary) To recruit, register, train, test and qualify hunter education program students. Also to issue certification to those who complete the training, to maintain, and forward copies of records to the Utah Division of Wildlife Resources. If volunteer will be operating a state vehicle, a copy of a valid Utah Driver's License must be attached.	
TIME REQUIRED Hours per day (if appropriate): _____ Days of the week (if appropriate): _____ Total time commitment (hours, days, weeks, or months): <u>As required</u>	
OTHER INFORMATION (Use reverse side of form if necessary):	
VOLUNTEER <ul style="list-style-type: none">I have reviewed the description of the work to be performed and I am aware of the physical demands associated with that work.I agree to carry out the specified duties and work the time identified to the best of my abilities: <div style="display: flex; justify-content: space-between;"><div>_____ Volunteer Signature</div><div>_____ Date</div></div> Emergency Contact (Print) Name: _____ Address: _____ <div style="display: flex; justify-content: space-between;"><div>Street Number</div><div>City</div><div>State</div><div>Zip</div></div> Phone Number Home: _____ Work: _____	
SUPERVISOR: Name and Title: <u>Gary Cook, Hunter Education Coordinator, or his assigned representative</u> Work Address: <u>1594 West North Temple, Suite 2110, PO Box 146301, SLC, UT 84114-6301</u> Work Telephone Number: <u>801-538-4726</u> <div style="display: flex; justify-content: space-between;"><div>_____ Supervisor Signature</div><div>_____ Date</div></div>	
TRAINING (Use reverse side of form if necessary): Required Subject: <u>Basic Instructor Course</u> Date Provided: _____ Required Subject: _____ Date Provided: _____	